(Rev. March 1986)

Determination for Employee Benefit Plan

(Other than Collectively Bargained Plans)

Short Form Application for

OMB No. 1545-0200 Expires 8/31/87

For IRS Use Only File folder number > Case number ▶

epartment of the Treasury ternal Revenue Service (Under sections 401(a) and 501(a) of the Internal Revenue Code)				number ► Case number ►					
Church and governmental pl	ans not subject to ERISA need not complete iter	ns 16	, 17, 18, and 19.						
16a(ii) and (iii) since they re applications are now compu	e all items except as indicated on the specific li equire responses only if you answer "Yes", to li ter screened; therefore, it is important that you or, or authorized representative. Otherwise, we ge.	ine 16 u prov	Sa(i). "N/A" is only an ac vide all the information re	ceptabl queste	le answer if an N/A bed and have the application	lock is cation	s prov signe	rided. Al	
	ZIP code of sponsor (employer if single em			2 a	Employer identifica	tion i	numb	er	
				b	Employer's tax year	r end:	s		
	Telephone number ▶	()		Month			□ N/A	
(See Specific Instruct	ode, and phone number of person to be corions.) (If same as 1a, enter "same as 1a".)								
Name ▶			Telephone numb	er ▶ _(()				
Address ►									
	ted for—(Check applicable box):								
a (i) 🗌 Initial quali	fication—date plan adopted ▶								
(ii) 🗌 Amendmer									
	d, enter file folder number ▶								
b Were employees wh	o are interested parties given the required	notifi	ication of the filing of th	nis app	olication?		Yes	☐ No	
5 Check appropriate bo	x to indicate the type of plan entity:								
a Single employer	plan d		Church plan						
b Plan of controlle	ed group of corporations, common e		Governmental plan						
	• • • • • • • • • • • • • • • • • • • •		Other (specify) ▶						
c Multiple-employ	er plan								
6a Name of plan				b Pl	lan number ▶				
					lan year ends ►				
7 a This is a:		b	Letter serial number o	r notifi	cation letter numbe	er			
(i) Master or p									
(ii) Field proto									
	an (see instructions)								
	nefit plan? 🗆 Yes 🗆 No—If "Yes," indic		_						
(i) Unit benefi	•	′	Flat benefit						
(ii) Fixed bene		v) 🗆	<u> </u>			<u></u>			
	tribution plan?		_						
(i) Profit-shari	-	ii) 🗆							
(ii) Money pure		•	Target benefit						
the Pension Benefi	(iv) is checked, is this a defined benefit plan covered uit Guaranty Corporation termination insurance program	nder ?	(II) If 4a (II) and 8b (I), (benefit plan before the insurance program be	ie amen	idment, was the plan coverament?	ered b	y the te	erminatio 	
☐ Yes ☐ N					☐ Yes	\Box	No	□ N/	
9 Effective date of pla	n	10	Effective date of ame	ndmei					
	11.11.1.18.18.18.18.18.18.18.18.18.18.18				□ N/A				
	nunicated to employees								
How communicated									
	lan integrated with social security or railroa	id ret	rirement (see instruction	ns)? .			Yes	☐ No	
13 Type of funding enti		, -	1						
a ☐ Trust		c 📙							
b ☐ Custodial accou		d □							
• •	or maximum limitation under section 415 (s		, , ,				Yes	☐ No	
	y other qualified plan(s) (see instructions)?		· · · · · · · · · · · · · · · · · · ·				Yes	☐ No	
Under penalties of perjury, I	declare that I have examined this application, including	g acco	ompanying statements, and t	o the be	st of my knowledge and	belief i	it is tru	e, correct	

Title ▶

Signature ▶ Signature ▶

Date ▶

Page	2
, age	-

	15507 (Re				
15	Is any iss	ue relating to this plan or trust currently pending before the Internal Revenue Service, the	Depar	tment	
		the Pension Benefit Guaranty Corporation or any Court?			
		attach explanation.			
	,		Yes	No	Not Certain
			1.00		
16	a (i)	Is the employer a member of an affiliated service group?		XIIIIIIII	
		If there is uncertainty whether the employer is a member of an affiliated service group,	<i>\\\\\\\\</i>	X ////////	
		check the "Not Certain" column.		X //////////	
	(ii)	If 16a(i) is "Yes" or "Not Certain," did a prior ruling or determination letter rule on			
	• • •	what organizations were members of the employer's affiliated service group?			
		(see instructions)			
	Z:::X	If 16a(ii) is "Yes," have the facts on which that letter was based materially changed?			
	(iii)				
		(see instructions)	 	 	
	b Is th	e employer a member of a controlled group of corporations or a group of trades or			
	busi	nesses under common control?	L	L	
					Number
17	Coverag	e of plan at (give date) ▶			Enter "0" if N/A
	a Tota	l employed			
		usions under plan because of (do not count an employee more than once):			V
	(i)	Minimum age (specify) ► □ N/A Years of service (specify) ►		N/A	
		Employees included in collective bargaining			
	(ii)	Nonresident aliens who receive no earned income from United States sources			
	(iii)	Nonresident aliens who receive no earned income from Officed States sources		• •	
		l exclusions (add b(i) through (iii))			
	d Emp	loyees not excluded under the statute (subtract c from a)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	e Ineli	gible under plan because of (do not count an employee included in b):			<i>\{\}\}\}\</i>
		5			
	<i>(i)</i>	Minimum pay (specify) ▶		N/A	
	(7)	Thinking pay (opeonly)	-	,	
	753	Hourly-paid			
	(ii)	nouny-paid			
				NI /A	
	(iii)	Maximum age (specify) ▶	🎞	IN/A	
			_		
	(iv)	Other (specify) ►	⊔	N/A	
	f Tota	l employees ineligible (add e(i) through (iv))			
		loyees eligible to participate (subtract f from d)			
	-	ber of employees participating in plan			
	i Dore	ent of nonexcluded employees who are participating (divide h by d)	• •	· · ·	
	I Ferd	ent of nonexcluded employees who are participating (divide if by d)			X
		, 9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	//////////////////////////////////////	*
	J Perd	ent of nonexcluded employees who are eligible to participate (divide g by d) · · · · ·			
		ent of eligible employees who are participating (divide h by g)		%	<i>y</i>
		nd j are less than 70%, or k is less than 80%, see instructions.			
	I Tota	I number of participants, including certain retired and terminated employees (see instruction	ons)		
18	Vesting-	—Check only one of the boxes for the vesting provisions of the plan:			V
	a □	Full and immediate			V
	b 🗆	Full vesting after 10 years of service (see instructions)			V
		5- to 15-year vesting, i.e., 25% after 5 years of service, 5% additional for each of the next	t 5 ve	arc	<i>VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</i>
	с ⊔		. o yee	,	V/////////////////////////////////////
	. –	then 10% additional for each of the next 5 years (see instructions)			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
	d 🗆	Rule of 45 (section 411(a)(2)(C)) (see instructions)		_	V/////////////////////////////////////
	e 🗆	For each year of employment, beginning with the 4th year, vesting not less than 40% after 4 y	ears c	f	V
		service, 5% additional for each of the next 2 years, and 10% additional for each of the next 5	years		
_	f 🗆	Other (specify and see instructions) ▶			<u> </u>
19	Comple	te only for a plan of more than one employer:			Y ####################################
		Il number of participants (including certain retired and terminated employees)			
		icipants whose benefits or accounts are fully vested			
		nber of contributing employers	• •	•	
20		an sponsor an S Corporation?	s ⊡	No	
	13 tile bi	an openior and desperation.			YOU OF THE PARTY O